

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lydia Ann Bowser
Hilman Rige Barrett

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	36	9	21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Frank Bowser			
Father's Name	William Haliday				
Mother's Maiden Name	Rebecca Hotaling				
Name of person giving information	Perry Frazer				

CAUSES OF DEATH

Primary	Bronchitis, Broncho Pneumonia	(92)	How long	18 days
Immediate			How long	4 days

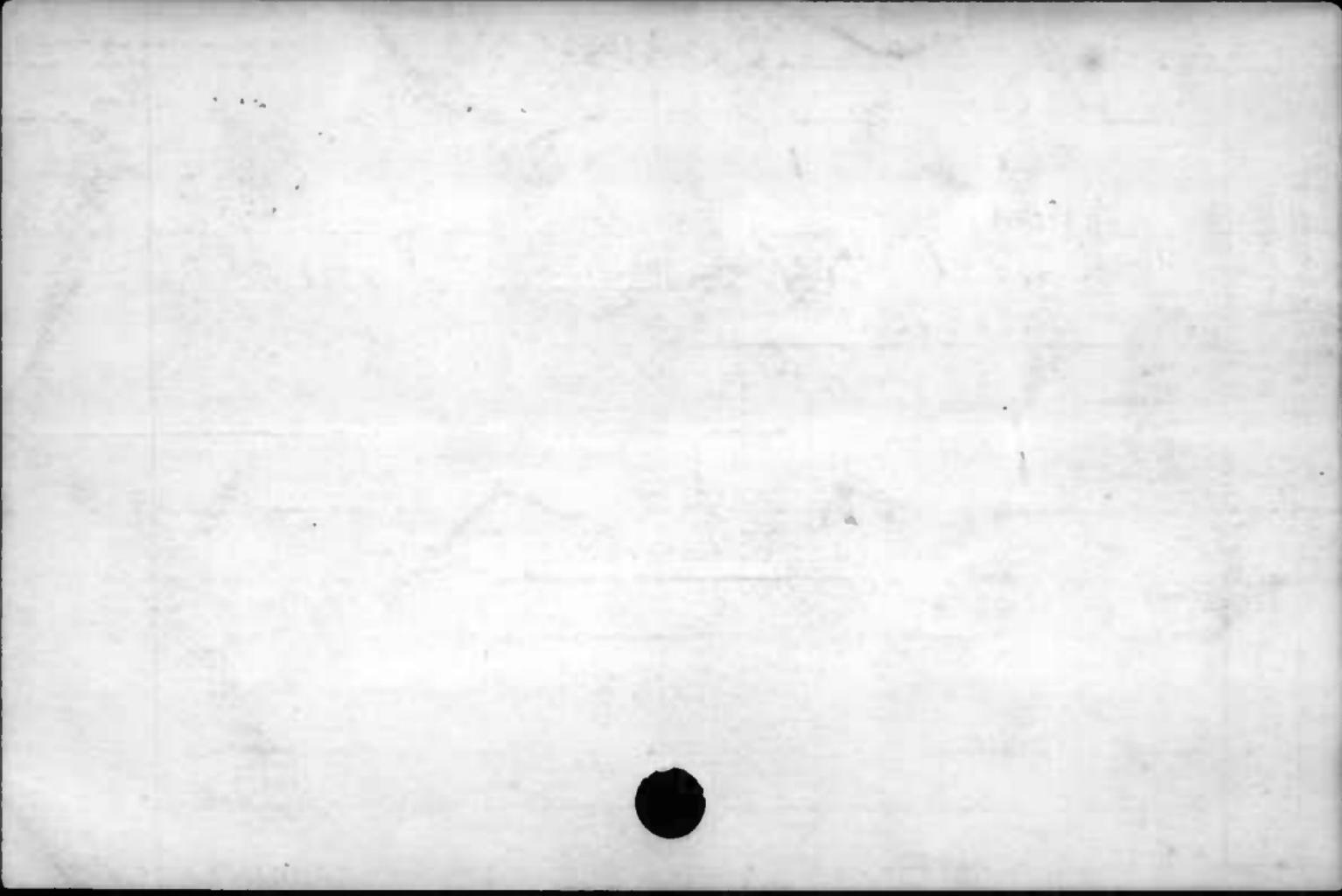
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H.R. Buyers
Resident
Md.

Accident or Suicide?



<i>Aaron Bradley</i>					CERTIFICATE OF DEATH	
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death		at Grantsville			
Married, Single or Widowed	Name of Wife or Husband					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving information			How related to deceased			

Grantsville Carroll Co

Male White

Farmer

Married *Hannahie Bealey*

Blis Bealey

Jacob Bealey

CAUSES OF DEATH

179

Primary

Gum Disease

How long

4 Years

Immediate

Medial Pneumonia

How long

One Day

Are the name, age, sex, color, date and place correctly given above?

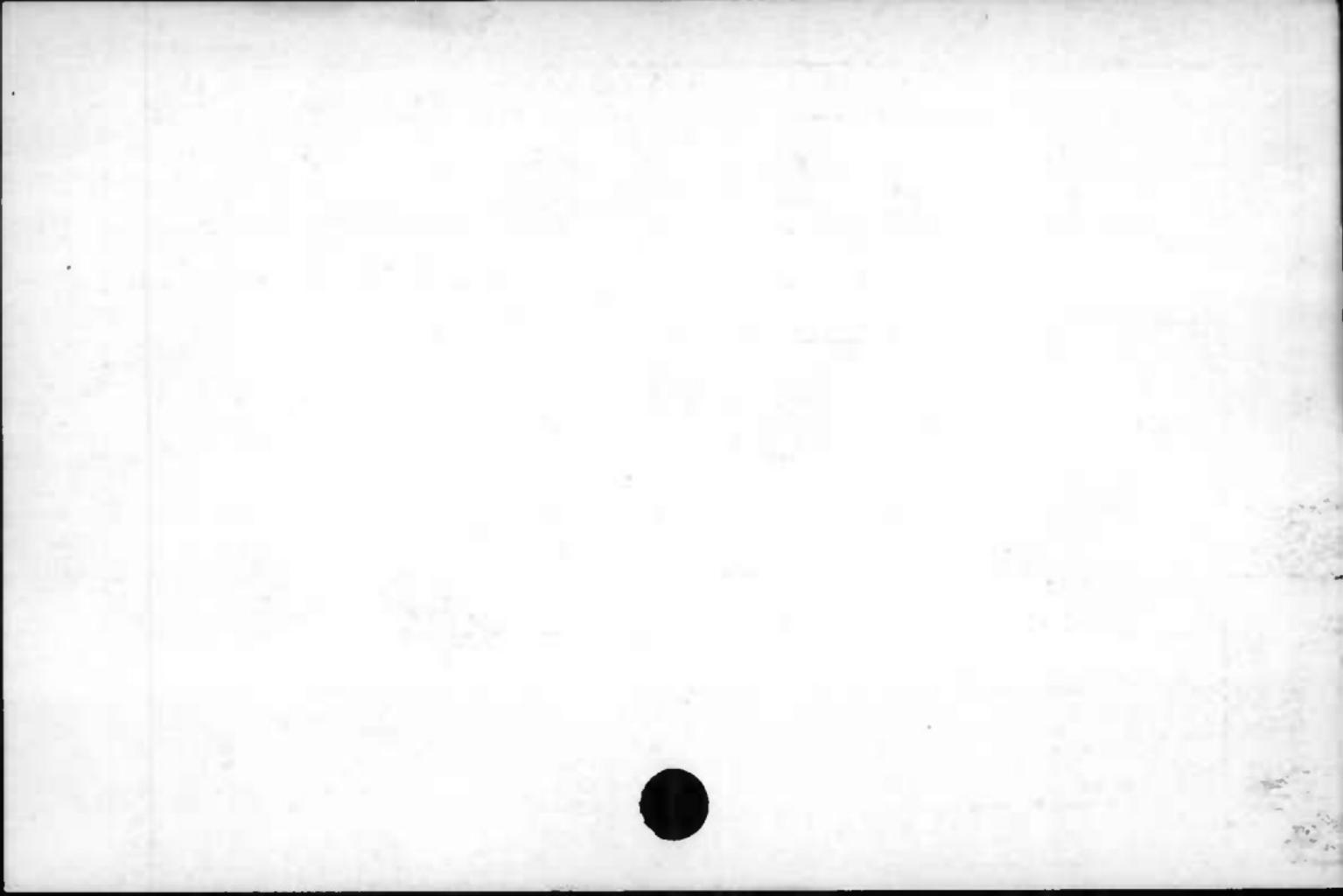
Signature of Physician

Address

Yes

*H. J. Robinson**Grantsville*

Accident or Suicide?



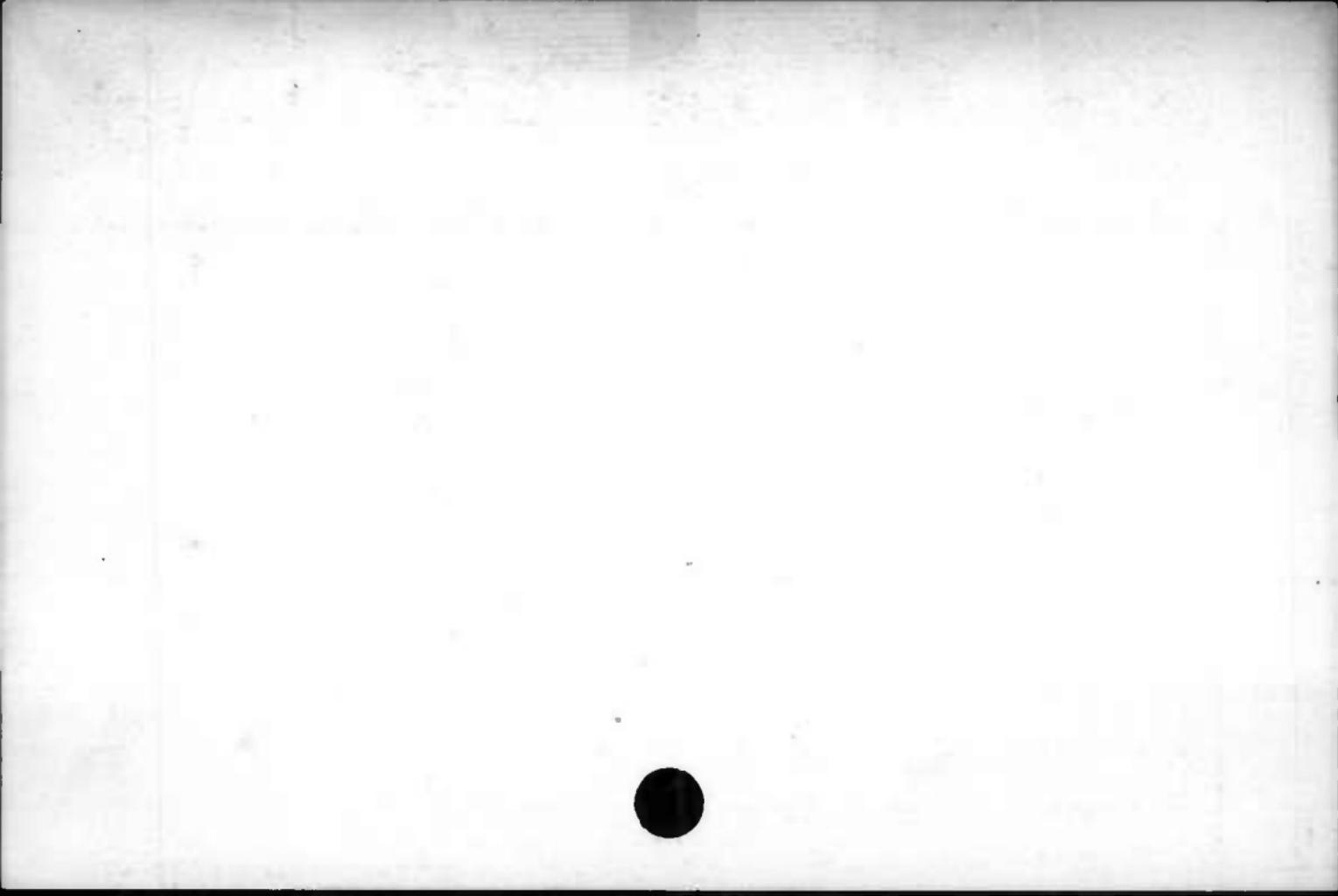
Name
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PHYSICIAN
OR CORONER



Mrs Catherine Bradley				CERTIFICATE OF DEATH			
Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1906	2	18	about 45-50				
Sex	Color or Race	Where Residing if not at place of death	Birth-place				
Female	White	Ohio					
Occupation							
Married, Single or Widowed	Name of Wife or Husband			Father's Name	John Bradley Jr		
Widow	Mr. Nalymore			John Bradley Jr.	Related		
Father's Name				Mother's Birthplace	Cleveland		
Mother's Maiden Name				How related to deceased	Daughter		
Name of person giving information							
Maggie Bradley							
CAUSES OF DEATH							
Primary	Pulmonary Tuberculosis	How long	1 year				
Immediate	Tuberculosis	How long	Legs				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	E. J. Eggers		
Yes				Address	Decatur Md		
Accident or Suicide?							



Renz Cornneway.

Town

County

Died at ~~near Deer Park~~ Garrett

MARYLAND

1906

Month

Day

Y.

M.

D.

Native of

Occupation

Date ~~1906~~ February 28

Age

12

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

John T Cornneway

Mother's

Blanche
Lugger Cornneway

Cause of

Primary

Diphtheria

How long sick

Death

Immediate

Two weeks

Accident, Suicide, Homicide

Reported by

J.W. Langlin.

Address

Mountain Lake Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
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To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Susan Tolson

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Garrison

Date
of death

Month

Day

Years

Age

70

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Living with daughter

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

widowed

Name of Wife or
Husband

Susan Tolson

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
information

Robert Paugh

How related
to deceased

CAUSES OF DEATH

Primary

hysteria-

(2)

How long

Two year

Immediate

Capillary Bleeding

How long

Are the name, age, sex, color, date
and place correctly given above?

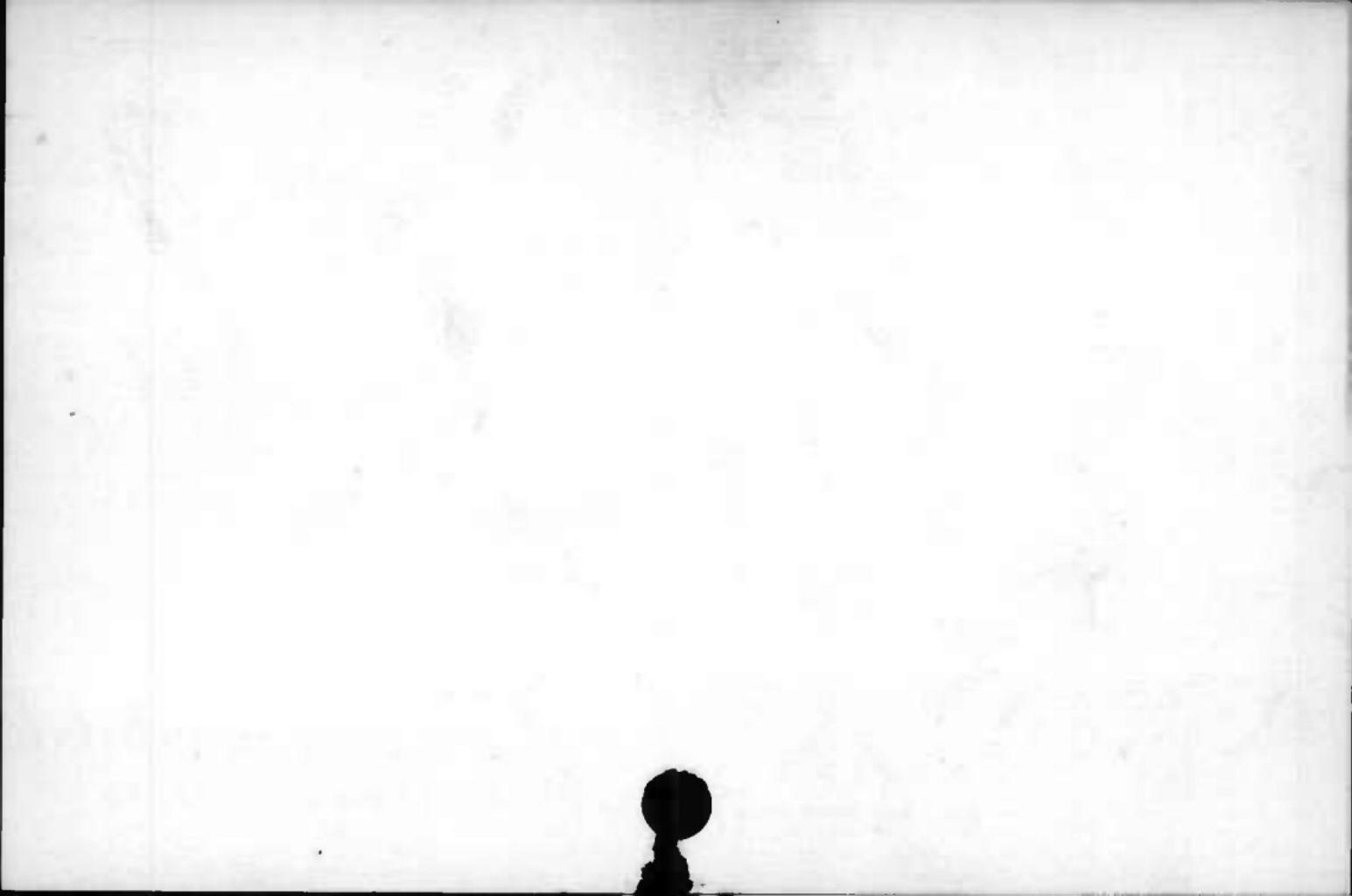
gas

Signature of
Physician

Address

H. W. C. Evans
Oakland, Md.

Accident or Suicide?



Name
in
Full

Gilpen Twin #2

CERTIFICATE OF DEATH

To BE ANSWERED BY
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PHYSICIAN
OR CORONER

Died at <u>Swanton</u> Town		County <u>Garnett</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Feb.</u>	Day <u>26</u>	Age <u>-</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Swanton Md</u>	Days
Occupation <u>infant</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Persocia E Gilpen</u>		Father's Birthplace <u>Md.</u>		
Father's Name <u>James W. Gilpen</u>				Mother's Birthplace <u>W.VA</u>	
Mother's Maiden Name <u>Persocia E Rawlings</u>				How related to deceased <u>Father</u>	
Name of person giving information <u>James W. Gilpen</u>					
CAUSES OF DEATH					
Primary	<u>Inanition</u>			(15)	How long
Immediate	<u>Exhaustion</u>				How long

Are the name, age, sex, color, date and place correctly given above?

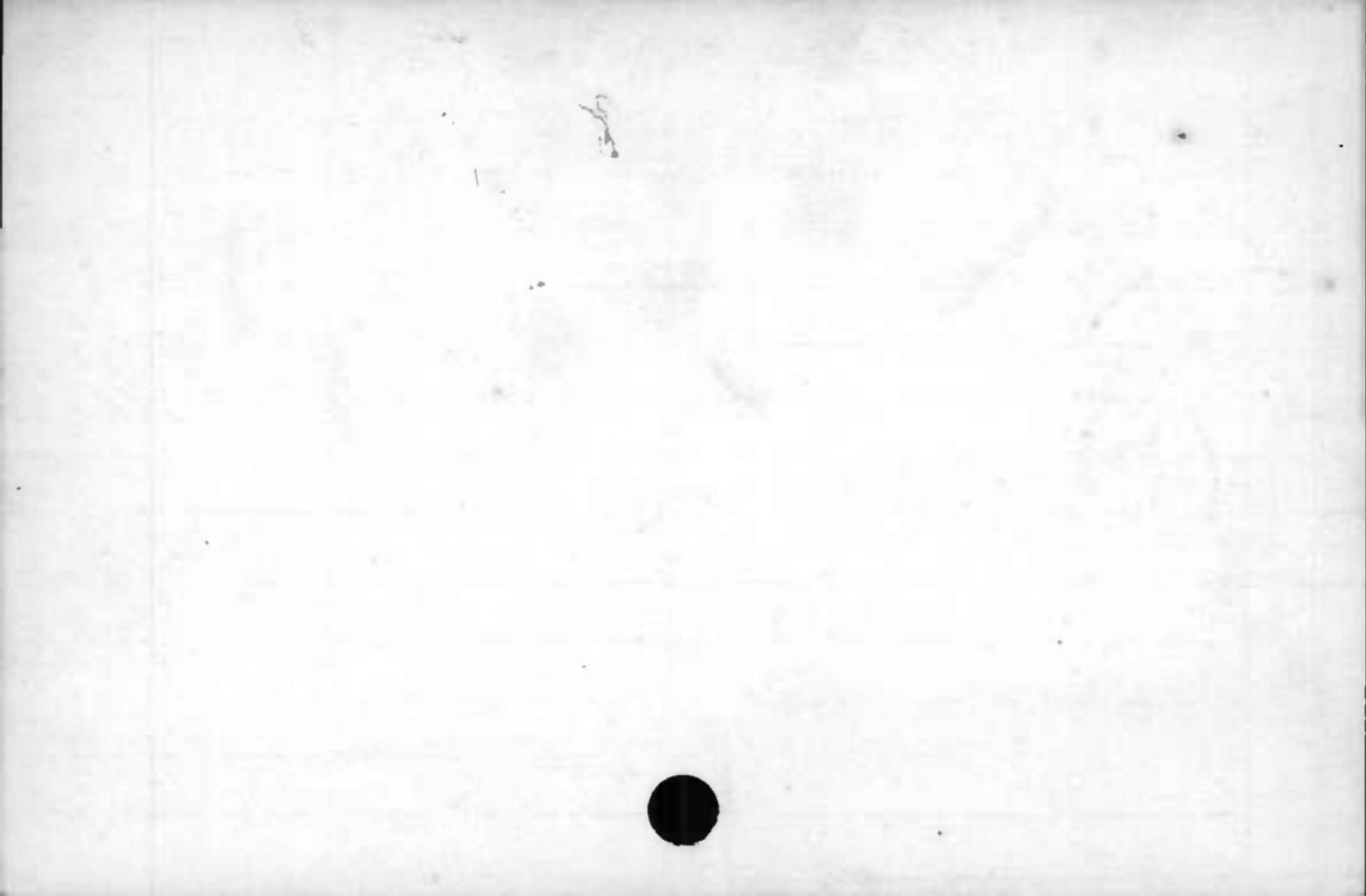
yes

Signature of Physician

G. Szenbok M.D.

Swanton
MD.

Accident or Suicide? —



Name
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PHYSICIAN
OR CORONER



Gilpen

Twin #1

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Feb.	26	—	—	—	
Sex	male	Color or Race	white	Birth-place	Swarston Md.	
Occupation	Infant	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband	Percocia E. Gilpen			
Father's Name	James W. Gilpen.					
Mother's Maiden Name	Percocia E. Rawlings					
Name of person giving information	James W. Gilpen					
CAUSES OF DEATH						
Primary	Inanition + (15)			How long	24 or	
Immediate	Exhaustion			How long	36 hours	

Are the name, age, sex, color, date and place correctly given above?

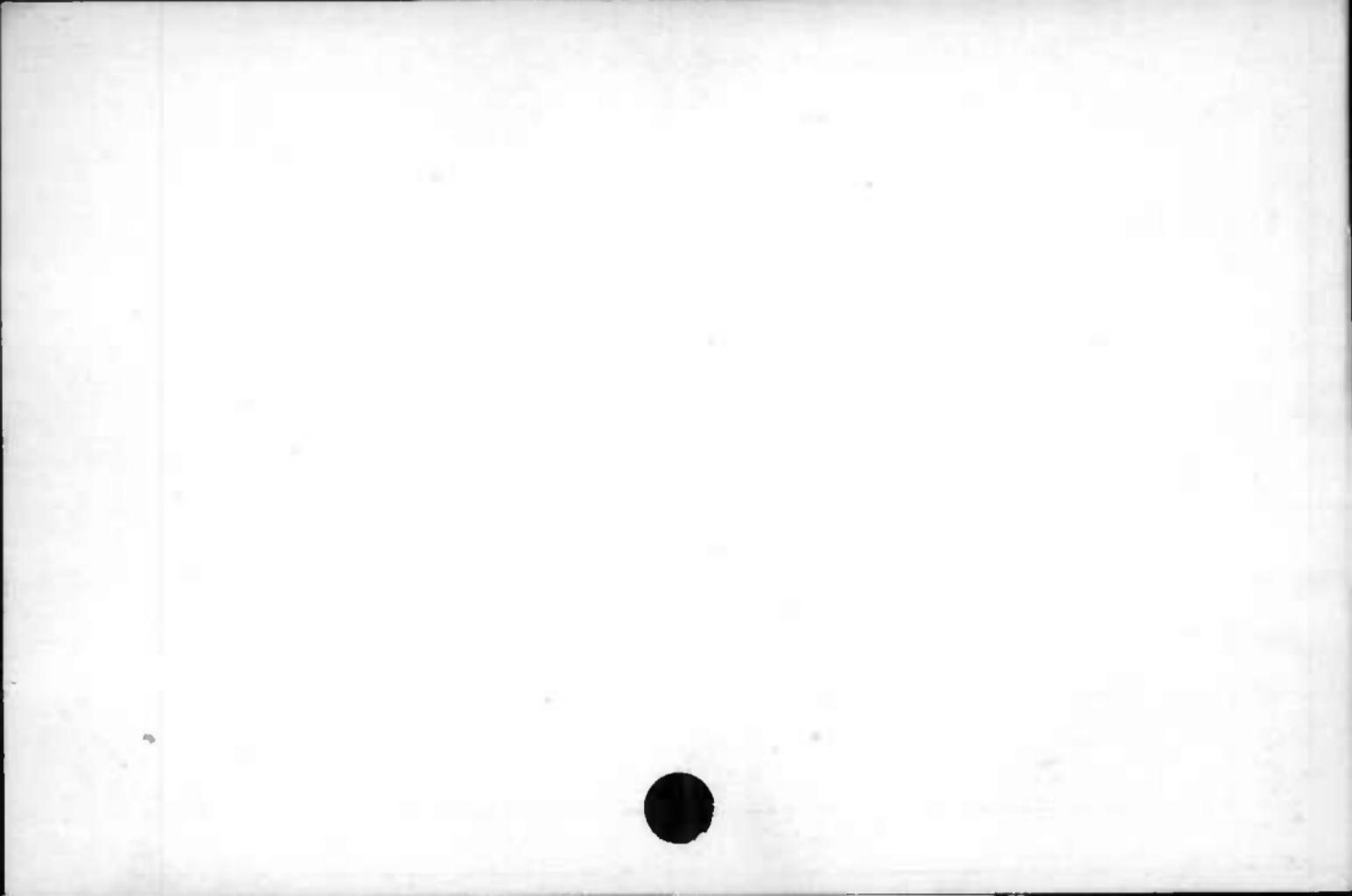
yes

Signature of Physician

Address

B. J. Spengelius MD.
Swarston Md.

Accident or Suicide?



Albert B Kelley 4/11/1906

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Kendall	Gorrett				
Date of death 1906	Month Feb	Day 7	Years	Months	Days
Sex male	Color or Race white	Age	Birth-place Mel.		Home
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert Kelley				
Mother's Maiden Name	Ellen M. Wilson				
Name of person giving Information	Albert Kelley				
Father's Birthplace	Md.				
Mother's Birthplace	W. Va.				
How related to deceased	Father				

CAUSES OF DEATH

Primary

(179)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. Savage Undertaker
Timberville Md

Accident or Suicide?

Blooming Rose

Name
in
Full

To BE ANSWERED BY
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OR CORONER

Grace R Riley

CERTIFICATE OF DEATH

Died at	her father's name	Town	Garrett	County	MARYLAND	
Date of death	1906	Month Feb	Day 9	Years 20	Months 10	Days 12
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	James Riley			Father's Birthplace	WVa	
Mother's Maiden Name	Estnabel Wolf			Mother's Birthplace	WVa	
Name of person giving Information	Estnabel Riley			How related to deceased	mother	

CAUSES OF DEATH

Primary

Consumption

(27)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. Savage Undertaker
Friendsville: Md

Address

Accident or Suicide?

Alroy Johnson

Name
in
Full

Edward Rodgers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at Friendsville		Garrett			
Date of death	Month	Day	Years	Months	Days
1906 April	28		Age		
Sex	Male	Color or Race	white	Birth-place	Maryland
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles Rodgers				
Mother's Maiden Name	Nellie Kline				
Name of person giving Information	Nellie Kline				
Father's Birthplace	Washington D.C.				
Mother's Birthplace	Washington D.C.				
How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera infantum

(65) How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. J. Mason MD,
Friendsville,
Md.

Address

Accident or Suicide?

Mindenwill steel grave goods

Name
in
Full

Eliabeth Wakefield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at her home		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Feb	27	Age 76		1	
Sex Female	Color or Race	white				
Occupation House work	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband					
Father's Name	Abraham Thite					
Mother's Maiden Name	Mary Thomas					
Name of person giving information	John Wakefield					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

old age

(18)

How long

Immediate

erycaphiles

How long

2 who

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. J. Mason M.D.
Friendsville
Md.

Accident or Suicide?

Sand Spring